

The Natural Polymer Encapsulated Novel Nanoformulation of Simvastatin for the Treatment of Hyperlipidemia

Selvasudha Nandakumar^{1*}
Kailasam Koumaravelou²

¹Research Associate of Prist university, Puducherry, India

²Director of Prist university, Puducherry, India

Summary

Maintaining good health and preventing diseases are the most important factors for a person's quality of life. In developed and developing countries alike, health concerns are serious economic and social challenges. Preventable communicable or infectious diseases like malaria and HIV/AIDS account for millions of death in world every year especially in low-income countries [1]. Non-communicable or chronic diseases like heart disease and diabetes are increasing across the globe. Between communicable and non-communicable diseases (NCD), non-communicable diseases are leading cause of death. In India, total death by NCD was estimated as 60% (981,600) during 2015. Among various NCD, death due to cardiovascular disease (CVD) was calculated to be higher (26%) compared to other NCD (cancer - 7%, respiratory disease - 13%, and diabetes - 2%). CVD is a chronic process that begins during adolescence and aggravated by risk factors such as family history of CVD, diabetes, hypertension, hyperlipidemia, obesity, life style, etc., [2,3] in which hyperlipidemia, the second most risk factor for CVD (first one is hypertension), was taken for this research proposal.

One essential condition for good health and to rectify the above-said defect is maintaining proper levels of circulating blood fats, cholesterol, and triglycerides. In nature, the body is able to regulate the production and removal of the lipoproteins in our system so as to keep them at healthy levels. Conversely, if these levels have become too high for the body to control, then it is important to lower both dietary cholesterol as well as cholesterol produced by liver by artificial mode of drug delivery applications [4-7].

Most of the total cholesterol found in the body is of endogenous origin. The liver is the foremost site of cholesterol biosynthesis. This is the foremost reason of the progress of hyperlipidemia. Thus, the selective inhibition of HMG-CoA reductase in the liver is a significant step in *de novo* synthesis of cholesterol. The lipid-lowering agents of choice are the statins, which are generally considered safe and effective [8]. Statin drugs can reduce the endogenous synthesis of cholesterol (lipids) and prevent the onset and development of atherosclerosis and are therefore used as an effective treatment against hyperlipidemia and primary hypercholesterolemia [9]. Statin works in the liver to control cholesterol and lowers LDL or "bad" cholesterol and raises the level of HDL or "good" cholesterol.

The safety profile becomes a predominantly significant problem when aggressive treatment is under concern. In general, statins have an excellent safety record, but serious adverse effects with statin therapy are observed in the liver and skeletal muscle like myopathy and elevated hepatotoxicity, particularly at higher doses [10,11]. After administration, the bioavailability and the general circulation of statin drugs are fairly low due to the first-pass metabolism in the liver and clearance by the digestive system and do not accomplish control of dietary cholesterol.

Simvastatin is a prodrug, it has low bioavailability (5%), extensive protein binding (95%), and elimination half-life of 2 hours. Thus, in order to overcome the poor bioavailability of this drug, a higher dose is used which leads to severe side effects.

If above demerits are bypassed, then simvastatin will be the better candidate which meets the therapeutic needs of patients while eliciting fewer adverse effects and presenting better pharmacological effects.

Inability to produce expected pharmacological action is not due to the drug candidate but may be due to obstacles of that drug to reach the target site and reaching non-target sites too. Finding new drug entities and introducing them to the market takes several years. Optimizing the problem of existing drug molecules and introducing a new drug delivery system would be beneficial for these obstacles. So, reverse engineering is best for this problem.

Nothing can substitute naturally occurring resources used for health benefits since they have minimum side effects, which is in contrary to existing synthetic drugs with maximum side effects [12]. Identification of active principles and their molecular targets from

Article Information

DOI: 10.31021/dddj.20181101
Article Type: Letter to Editor
Journal Type: Open Access
Volume: 1 **Issue:** 1
Manuscript ID: DDDDJ-1-101
Publisher: Boffin Access Limited

Received Date: 28 October 2017
Accepted Date: 10 January 2018
Published Date: 22 January 2018

***Corresponding author:**

Selvasudha Nandakumar
Research Associate
Prist university, Puducherry
India
Tel: +91-9789526029
E-mail: nkselvasudha@gmail.com

Citation: Nandakumar S, Koumaravelou K. The Natural Polymer Encapsulated Novel Nanoformulation of Simvastatin for the Treatment of Hyperlipidemia. Drug Des Dev Deliv J. 2018 Jan; 1(1):101

Copyright: © 2018 Nandakumar S. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 international License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

traditional medicine will have enormous opportunities for modern drug development. So, the formulation consisting of a combination of synthetic and natural agents would have beneficial effects in reducing toxicity and increasing therapeutic index. Some natural polymers viz almond gum, guar gum, guggul lipid, and chitosan are reported to have antihyperlipidemic action of their own [13-16]. So, if these polymers are used to encapsulate the drug statin, it might synergize the action and release the drug in a controlled manner. If natural polymers exhibiting antihyperlipidemic action are used, only a very less quantity of statin drug is required for formulation. So, severe side effects caused by high statin doses might be reduced.

Our studies had the objective of formulating novel nanoformulation of simvastatin encapsulated with chitosan polymer. The study reports explored the increase in solubility, bioavailability, and reduction in dose, muscle toxicity, PG efflux mechanism. The positive results obtained were due to synergistic effect of chitosan polymer and its bile binding capacity enhanced anti-hyperlipidemic activity of simvastatin in nanoformulation. The results obtained after *in vitro* and preclinical evaluation encourages the future scope of clinical trials.

The prepared reconstituted nanoformulation can be further formulated into either tablet, capsules, suspension or oral liquids etc. Moreover this strategy can be used for other candidates of HMG-COA reductase inhibitors like pravastatin, lovastatin, rosuvastatin etc

Conclusion

Though the modern medicine helps to maintain acute and chronic diseases, the long-term usage leads to severe side effects. The time to manage and cure of particular disease with aid of natural substances exhibiting therapeutic effects alone requires specific duration. Therefore, use of dosage forms consisting of both low dose API and natural gum or substances positively helps to manage and cure diseases in short duration without negligible side effects which was proved by our research.

References

1. Altizer S, Ostfeld RS, Johnson PT, Kutz S, Harvell CD. Climate change and infectious diseases: From evidence to a predictive framework. *Science*. 2013 Aug;341(6145):514-519.
2. Farzadfar F, Finucane MM, Danaei G, Pelizzari PM, Cowan MJ, et al. National, regional, and global trends in serum total cholesterol since 1980: Systematic analysis of health examination surveys and epidemiological studies with 321 country-years and 3.0 million participants. *Lancet*. 2011 Feb;377(9765):578-586.
3. Ezzati M, Riboli E. Behavioral and Dietary Risk Factors for Non-Communicable Diseases. *New England Journal of Medicine*. 2013 Sep;369(10):954-964.
4. Morris S, Tiller R. Ezetimibe for hypercholesterolemia. *American Family Physician*. 2003 Oct;68(8):1595-1596.
5. Baigent C, Keech A, Kearney PM, et al. Efficacy and safety of cholesterol-lowering treatment: Prospective meta-analysis of data from 90,056 participants in 14 randomised trials of statins. *Lancet*. 2005 Oct;366(9494):1358.
6. Taylor AJ, Villines TC, Stanek EJ, Devine PJ, Griffen L, et al. Extended-release niacin or ezetimibe and carotid intima-media thickness. *N Engl J Med*. 2009 Nov;361(22):2113-2122.
7. Gardner CD, Lawson LD, Block E, et al. Effect of raw garlic vs commercial garlic supplements on plasma lipid concentrations in adults with moderate hypercholesterolemia: A randomized clinical trial. *Arch Intern Med*. 2007 Feb;167(4):346-353.
8. Cannon CP, Braunwald, McCabe CH, Daniel J, Rouleau LJ, et al. Pravastatin or Atorvastatin and Evaluation and infection therapy-thrombolysis in myocardial infarction 22: intensive versus moderate lipid lowering with statins after acute coronary syndromes. *N Engl J Med*. 2004 Apr;350(46):1495.
9. Ridker PM. Rosuvastatin in the primary prevention of cardiovascular disease among patients with low levels of low-density lipoprotein cholesterol and elevated high-sensitivity C-reactive protein: Rationale and design of the JUPITER trial. *Circulation*. 2003 Nov;108(19):2292-2297.
10. Ito MK, Maki KC, Brinton EA, Cohen JD, Jacobson TA. Muscle symptoms in statin users, associations with cytochrome P450, and membrane transporter inhibitor use: A subanalysis of the USAGE study. *J Clin Lipidol*. 2014 Feb;8(1):69.
11. Knauer MJ, Urquhart BL, Meyer Schwabedissen HE, Schwarz UI, Lemke CJ et al. Human skeletal muscle drug transporters determine local exposure and toxicity of statins. *Circulation Res*. 2010 Feb;106(2):297.
12. Sabate J, Fraser GE. The probable role of nuts in preventing coronary heart disease. *Primary Cardiology* 1993;19:65-72.
13. Tamizifar B, Rismankarzadeh M, Vosoughi A, Rafieeyan M, Tamizifar B, et al. A low dose almond-based diet decreases LDL-C while preserving HDL-C. *Archive of Iranian Medicine*. 2005;8(1): 45-51.
14. Moriceau S, Besson C, Levrat MA, Moundras C, Rémésy C, et al. Cholesterol-lowering effects of guar gum: Changes in bile acid pools and intestinal reabsorption. *Lipids*. 2000 Apr;35(4): 437-444.
15. Samarghandian S, Al-Reza Hadjzadeh M, Sadat Davari, A, Abachi M. Reduction of serum cholesterol in hypercholesterolemic rats by Guar gum. *Avicenna Journal of Phytomedicine*. 2011 Jun;1(1): 36-42.
16. Szapary PO, Wolfe ML, Bloedon LT, Cucchiara AJ, Der Marderosian AH et al. Guggulipid for the treatment of hypercholesterolemia: A randomized controlled trial. *JAMA*. 2003 Aug;290(6):765-772.